

## ARMS Update #2

When the Details link for a client is clicked on a Provider Client List, the Client assigned to the Provider will display. The word “**Add**” has been added to the “Update Services” button to show that not only services are being updated but that the user can **Add** service(s) to the Client. See Figure 1.

Update cancel

**Provider Client Services**

Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No

Add/Update Services

**Provider Client Assessments**

AssessmentDate	Functional Status	Nutrition Health Score	
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	<a href="#">Details...</a>

Figure 1

Users should select the Details link on the Provider Client Details Record to update an existing Provider Client Assessment. If the user clicks Details and no Assessment is available as shown in Figure 2, the user should click the **Cancel Button** to return to the Provider Client Details Record.

**Provider Client Assessment Details**

Assessment Date: 10 / 08 / 2003

Overall Functional Status: ☐ WELL ☐ AT RISK ☐ HIGH RISK

Update cancel

Figure 2

If a Provider Assessment has an Assessment Date *before* 8/6/2008, no current Assessment on the Client is available because the Client Record migrated from the Old ARMS and the information was not collected on the Client. If “*Old Functional Score*” is visible in the Functional Status field, no current Assessment information is available. See Figure 3.

Update cancel

**Provider Client Services**

Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No

Add/Update Services

**Provider Client Assessments**

AssessmentDate	Functional Status	Nutrition Health Score	
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	<a href="#">Details...</a>

Figure 3

To Add an Assessment for the Client, the users should click the **Add/Update Services** button.

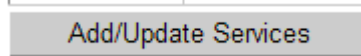


Figure 4

When the user clicks the **Add/Update Services** button, the Provider Client Assessment displays. The user can add another service to this Client or Add/Update the Assessment by clicking **Next**.

**Provider Client Assessment**

Provider Code : G010      Agency Name : ADULT CENTER FOR ENRICHMENT  
 Last 4Digits of SSN : 1100      Date Of Birth : 10/4, 1955  
 First Name : HEN      Last Name : CAMP

	Service Code	Name	Service Status
<input checked="" type="checkbox"/>	155	ADULT DAY HEALTH	Active
<input type="checkbox"/>	309	RESPITE, GROUP	Active
<input type="checkbox"/>	833	FC-SUPPORT GROUPS	Active
<input type="checkbox"/>	842	FC-IN-HOME RESPITE	Active

Figure 5

The user is allowed to update the Provider Client Assessment. Complete the form as necessary. The **Action** and **Assessments** fields have been added for information purposes only. Click **Finish** to save, **Cancel** to abort and **Previous** to return to previous screen. (Figure 6)

**Provider Client Assessment**

Provider Code : G010      Agency Name : ADULT CENTER FOR ENRICHMENT  
 Last 4Digits of SSN : 1100      Date Of Birth : 10/4, 1955  
 First Name : HEN.      Last Name : CAMP

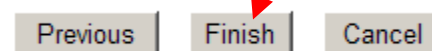
Service Code	Name	Service Status	Action	Assessments
155	ADULT DAY HEALTH	A	Updating/Adding assessment for service 155	IADL & ADL

20. Does client have significant memory loss or confusion? ☐ Yes ☐ No

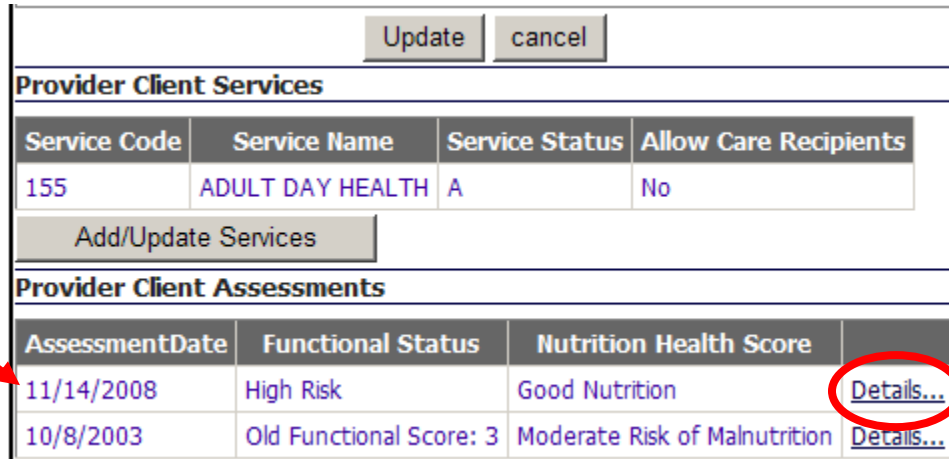
**Number of IADL (Instrumental Activities of Daily Living)**

Question	Can do without help	Response
a.Prepare meals	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help
b.Shop for personal items	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help
c.Manage own medications	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help

Figure 6



If the user clicks **Finish**, a new Assessment is added with the current date. To update this Assessment the user should click **Details**.



Update cancel

**Provider Client Services**

Service Code	Service Name	Service Status	Allow Care Recipients
155	ADULT DAY HEALTH	A	No

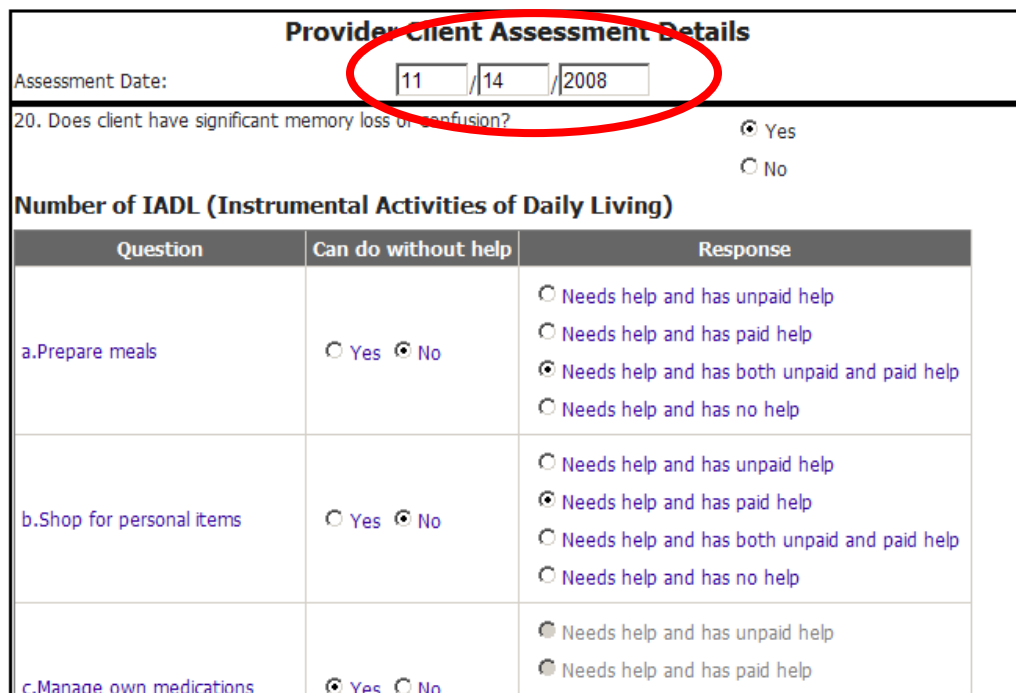
Add/Update Services

**Provider Client Assessments**

AssessmentDate	Functional Status	Nutrition Health Score	
11/14/2008	High Risk	Good Nutrition	<a href="#">Details...</a>
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	<a href="#">Details...</a>

Figure 7

If the user does not change the Assessment Date, no new Assessment date will be created. If the date is changed by the user, a new Assessment will appear in Figure 7.



**Provider Client Assessment Details**

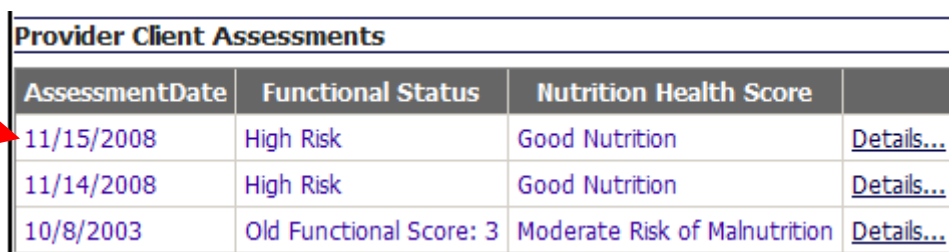
Assessment Date: 11/14/2008

20. Does client have significant memory loss or confusion? ☒ Yes ☐ No

**Number of IADL (Instrumental Activities of Daily Living)**

Question	Can do without help	Response
a. Prepare meals	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input type="radio"/> Needs help and has paid help <input checked="" type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help
b. Shop for personal items	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input checked="" type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help
c. Manage own medications	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Needs help and has unpaid help <input checked="" type="radio"/> Needs help and has paid help

Figure 8



**Provider Client Assessments**

AssessmentDate	Functional Status	Nutrition Health Score	
11/15/2008	High Risk	Good Nutrition	<a href="#">Details...</a>
11/14/2008	High Risk	Good Nutrition	<a href="#">Details...</a>
10/8/2003	Old Functional Score: 3	Moderate Risk of Malnutrition	<a href="#">Details...</a>

Figure 9